

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90027 013 ****50.00

DOCUMENT # L02000015914					
1. Entity Name TNT INDUSTRIES, LLC					
Principal Place of Business 1265 PINE STREET GULF BREEZE, FL 32563			Mailing Address 1265 PINE STREET GULF BREEZE, FL 32563		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent TAYLOR, JOHN J 1265 PINE STREET GULF BREEZE, FL 32563				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, JOHN J 422 FT PICKAS RD GULF BREEZE, FL 32561	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, ANGELA 422 FT PICKENS RD GULF BREEZE, FL 32561	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____				1-15-04 850 932 7494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	